

# AdULT FLaSHLight Egg Scramble

**Date:**

Thursday, April 13, 8:30pm SHARP, Gates open at 7:45pm

**Location**

MacLean Park Adult Softball Field #1 & #4

**Registration Information**

Registration begins March 1st

Adult Flashlight Egg Scramble participants must be 18 years or older.

This year we will have two fields of 300 (300 men and 300 women).

Each Participant will receive a wristband upon registration. DO NOT LOSE your wristband, it will be required to enter the event. NO EXCEPTIONS. If you lose your wristband you will be required to purchase a new one, if they are not already sold out. If you lose your wristband and the event is sold out, you will be out of luck and will not be able to attend the event.

**There will not be a registrant list at the gate.**

ONLY 600 WRISTBANDS SOLD (300 MEN, 300 WOMEN). THEY WILL BE SOLD UNTIL SOLD OUT.

**How to Register**

Participants must register at the Lake Jackson Recreation Center

**Cost**

\$10 per Wristband

**Methods of Payment**

Visa, Discover, MasterCard, Cash, and Checks accepted

**Make Checks payable to:** City of Lake Jackson

**Helpful Notes**

Participants should bring a flashlight and a bag for collecting eggs.

The event will start at exactly 8:30pm, if you are late, you will miss the event.

No Nets Allowed.

Children under the age of 18yrs, nor anyone without a wristband will not be allowed to enter the gates, please plan accordingly.

**For more information call (979) 297-4533 or email [mdoyle@lakejacksontx.gov](mailto:mdoyle@lakejacksontx.gov)**

# Adult FLASHLIGHT Egg Scramble

Thursday, April 13, 8:30pm SHARP



Participant's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

I understand and agree to indemnify, save and hold harmless the City of Lake Jackson, its agents and employees, from and against all claims, damages, losses and expenses (including attorney's fees, medical, and ambulance cost) that may arise out of my or my child's use of or presence on city property or arising out my or his or her participation in any activities or functions that may occur during the program, including contact with persons, animals or creations of nature of any and every kind that exist on property that may or may not be under the control of the City of Lake Jackson. In case of an emergency and I cannot be contacted, then I hereby authorize medical treatment.

I understand that City of Lake Jackson employees often take photographs of various community and/or athletic events throughout the community. I hereby grant the City of Lake Jackson permission to use my likeness or, if I am the parent or legal guardian of a minor child who is younger than 18 years of age, I give permission to use the minor's likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to the City of Lake Jackson to share this image with third parties for use in any and all of its publications, including website entries, without payment or other consideration.

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Signature

Date